



## MDC-LARP Monthly Report Sheet

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Instructions: Only one report sheet should be submitted per month. If you practice at multiple locations, please combine all information on one report.

MAY – 2022		Hours Worked/Week	#Medicaid Appts/Week <span style="color: blue;">SCHEDULED</span>	#Medicaid Appts/Week <span style="color: blue;">COMPLETED</span>	Total # Patients/Week
05/01/22	05/07/22				
05/08/22	05/14/22				
05/15/22	05/21/22				
05/22/22	05/28/22				
05/29/22	05/31/22				

\_\_\_\_\_  
Authorized By

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**PLEASE COMPLETE AND EMAIL BY THE JUNE 10, 2022.**

**THANK YOU!**

EMAIL TO: [mdh.mdclarpprogram@maryland.gov](mailto:mdh.mdclarpprogram@maryland.gov)

Please check here to confirm that all information provided is complete and accurate.  
Note: This box must be checked for this report to be accepted.